Antigen Testing Results

Facility Information	Total Number of People Tested:					
Facility Name:		Facility Street Address:				
City: Zip:	Full Name o	of Contact Perso	on at Facility: _			
Phone: Other Phone	:	Email: _		Tes	ting Date:	
Provider Information, if available						
Provider Full Name:						
Provider Affiliation (if different from above):		Prov	rider Phone:		
REPORT INDIVIDUAL INFORMATION BELO	W					
Individual 1						
Full Name:	Date of B	Birth:	Home Ad	dress:		
City: ZIP: Race:	☐ Black/Afri ☐ Other	can American	☐ Asian ☐ Unknown	☐ Caucasian		F 🗆 Unknown
Ethnicity: Hispanic/Latino: \square Yes \square No COVID-19 symptoms (e.g., fever, cough, sh						nown
Comments (e.g., different test date):						
		Test Result:	Positive	□ Negative	□Invalid	□Unknown
Individual 2 Full Name:	Date of F	Rirth:	Home Ad	dress.		
City: ZIP: Race:	☐ Black/Afri ☐ Other	can American	☐ Asian ☐ Unknown	☐ Caucasian		F 🗆 Unknown
COVID-19 symptoms (e.g., fever, cough, sh	ortness of breat	h, sore throat,	vomiting, diar	rhea): □ Yes □	□ No □ Unkı	nown
Comments (e.g., different test date):						
		Test Result:	Positive	Negative	□Invalid	Unknown
Individual 3 Full Name:	Date of P	lirth:	Home Ad	drace		
City: ZIP:	☐ Black/Afri ☐ Other	can American	☐ Asian ☐ Unknown	☐ Caucasian		F 🗆 Unknown
COVID-19 symptoms (e.g., fever, cough, sh						nown
Comments (e.g., different test date):						
Individual A		rest kesult:	□ POSITIVE	Negative	□invaliα	⊔∪nknown
Individual 4 Full Name:	Date of E	Birth:	Home Ad	dress:		
City: ZIP:	Phone		Other Phone		Sex: □ M □	F 🗆 Unknown
Race: ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander Ethnicity: Hispanic/Latino: ☐ Yes ☐ No COVID-19 symptoms (e.g., fever, cough, sh	☐ Black/Afri☐ Other☐ Unknown	can American Arab/Middle	☐ Asian ☐ Unknown e Eastern: ☐ \	☐ Caucasian	Unknown	
Comments (e.g., different test date):				,		
(-6, 4				□Negative	□Invalid	Unknown
Facility Name:	Date:				Page	

Individual 5	
Full Name: Date of Birth: Home Address:	
City: ZIP: Phone Other Phone Sex: \square M \square F	□ Unknown
Race: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other Unknown	
Ethnicity: Hispanic/Latino:	
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknow	vn
Comments (e.g., different test date):	
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐	Unknown
Individual 6	
Full Name: Date of Birth: Home Address:	
City: ZIP: Phone Other Phone Sex: \(\subseteq M \subseteq F \)	□ Unknown
Race: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other Unknown	
Ethnicity: Hispanic/Latino:	
COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): Yes No Unknow	vn
Comments (e.g., different test date):	
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐	Unknown
Individual 7	
Full Name: Date of Birth: Home Address:	
City: ZIP: Phone Other Phone Sex: \square M \square F	□ Unknown
Race: American Indian/Alaska Native Black/African American Asian Caucasian Hawaiian/Pacific Islander Other Unknown	
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown	
Comments (e.g., different test date):	wn
Comments (e.g., unferent test date).	vn
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐	
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐	
Test Result: □Positive □Negative □Invalid □ Individual 8 Full Name: □Date of Birth: □Home Address: □]Unknown
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐ Individual 8]Unknown
Test Result: □ Positive □ Negative □ Invalid □ Individual 8 Full Name:]Unknown
Test Result: □ Positive □ Negative □ Invalid □ Individual 8 Full Name: Date of Birth: Home Address:	Unknown ☐ Unknown
Test Result:	Unknown ☐ Unknown
Test Result: ☐ Positive ☐ Negative ☐ Invalid ☐ Individual 8 Full Name: Date of Birth: Home Address: City: ZIP: Phone Other Phone Sex: ☐ M ☐ F ☐ Race: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander ☐ Other ☐ Unknown Ethnicity: Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown Arab/Middle Eastern: ☐ Yes ☐ No ☐ Unknown COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown Comments (e.g., different test date):]Unknown □ Unknown vn
Test Result:]Unknown □ Unknown vn
Test Result:	Unknown Unknown Unknown
Test Result: Positive Negative Invalid	Unknown Unknown Unknown
Test Result: Positive Negative Invalid	Unknown Unknown Unknown
Test Result: Positive Negative Invalid	Unknown Unknown Unknown Unknown Unknown

____ Date:__

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Facility Name:_

Individual 10		
Individual 10 Full Name:	Date of Birth:	Home Address:
City: 7IP:	Phone	Other Phone Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native Hawaiian/Pacific Islander	☐ Black/African American	☐ Asian ☐ Caucasian
Ethnicity: Hispanic/Latino: Yes No		
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat,	vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown
Comments (e.g., different test date):		
		☐ Positive ☐ Negative ☐ Invalid ☐ Unknown
Individual 11		
Full Name:	Date of Birth:	Home Address:
City: 7IP:	Phone	Other Phone Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native Hawaiian/Pacific Islander	☐ Black/African American	☐ Asian ☐ Caucasian
Ethnicity: Hispanic/Latino:		
		vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown
Comments (e.g., different test date):		
	Test Result:	☐ Positive ☐ Negative ☐ Invalid ☐ Unknown
Individual 12		
	Date of Birth:	Home Address:
City: ZIP:	Phone	Other Phone Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native Hawaiian/Pacific Islander		
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No	☐ Unknown Arab/Middl	
Comments (e.g., different test date):		
		☐ Positive ☐ Negative ☐ Invalid ☐ Unknown
Individual 13		
Full Name:	Date of Birth:	Home Address:
		Other Phone Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native		
☐ Hawaiian/Pacific Islander		
Ethnicity: Hispanic/Latino: Yes No		
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat,	vomiting, diarrhea): \square Yes \square No \square Unknown
Comments (e.g., different test date):		
	Test Result:	☐ Positive ☐ Negative ☐ Invalid ☐ Unknown
Individual 14		
Full Name:		Home Address:
		Other Phone Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native		
☐ Hawaiian/Pacific Islander		
Ethnicity: Hispanic/Latino: Yes No		
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat,	vomiting, diarrhea): ☐ Yes ☐ No ☐ Unknown
Comments (e.g., different test date):		
	Test Result:	☐ Positive ☐ Negative ☐ Invalid ☐ Unknown

____ Date:__

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Facility Name:_

Individual Full Name:	Date of Birth:	Home A	ddress:
City: ZIP:	Phone	_ Other Phone	eSex: 🗆 M 🗆 F 🗆 Unknown
Race: American Indian/Alaska Native			
☐ Hawaiian/Pacific Islander			
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No COVID-19 symptoms (e.g., fever, cough, sho			
			inicaj. El res El No El Silkilowii
Comments (e.g., different test date):			■ Negative Invalid Unknown
	rest kesuit	: Positive	! □Negative □Invalid □Onknown
Individual Full Name:	Date of Birth:	Home A	ddress:
City: ZIP:	_ Phone	_ Other Phone	e Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native			
☐ Hawaiian/Pacific Islander			
Ethnicity: Hispanic/Latino: Yes No			
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat	, vomiting, dia	rrhea): ∐ Yes □ No □ Unknown
Comments (e.g., different test date):			
	Test Result	: Positive	<u> □Negative</u> □Invalid □Unknown
Individual			
Full Name:	Date of Birth:	Home A	ddress:
City: ZIP:	_ Phone	_ Other Phone	e Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native			
☐ Hawaiian/Pacific Islander			
Ethnicity: Hispanic/Latino: Yes No			
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat	, vomiting, dia	rrhea): ∐ Yes □ No □ Unknown
Comments (e.g., different test date):		_	<u>-</u>
	Test Result	: Positive	Begative □Invalid □Unknown
Individual			
Full Name:	Date of Birth:	Home A	ddress:
City: ZIP:	_ Phone	Other Phone	e Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native	☐ Black/African American	☐ Asian	☐ Caucasian
☐ Hawaiian/Pacific Islander			
Ethnicity: Hispanic/Latino: Yes No			
COVID-19 symptoms (e.g., fever, cough, sho	ortness of breath, sore throat	, vomiting, dia	rrhea): ∐ Yes □ No □ Unknown
Comments (e.g., different test date):			
	Test Result	: Positive	■ Negative □ Invalid □ Unknown
Individual			
Full Name:	Date of Birth:	Home A	ddress:
City: ZIP:	Phone	Other Phone	e Sex: \square M \square F \square Unknown
Race: American Indian/Alaska Native			
☐ Hawaiian/Pacific Islander	☐ Other	☐ Unknown	
Ethnicity: Hispanic/Latino: ☐ Yes ☐ No COVID-19 symptoms (e.g., fever, cough, sho			
Comments (e.g., different test date):		_	•
comments (e.g., different test date)			□ Negative □ Invalid □ Unknown
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Date:

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Facility Name: